

SERFF Tracking Number: HTPF-126306665 State: Arkansas
Filing Company: Union Fidelity Life Insurance Company State Tracking Number: 43511
Company Tracking Number: 100-638
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Reinstatement Application for Life Insurance
Project Name/Number: Life reinstatement Applicaiton Filing/100-638

Filing at a Glance

Company: Union Fidelity Life Insurance Company

Product Name: Reinstatement Application for Life Insurance SERFF Tr Num: HTPF-126306665 State: Arkansas

Life Insurance

TOI: L08 Life - Other

SERFF Status: Closed-Approved-
Closed State Tr Num: 43511

Sub-TOI: L08.000 Life - Other

Co Tr Num: 100-638

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: M. Jane Cooper

Disposition Date: 09/17/2009

Date Submitted: 09/16/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Life reinstatement Applicaiton Filing

Status of Filing in Domicile: Authorized

Project Number: 100-638

Date Approved in Domicile: 06/07/2005

Requested Filing Mode: Informational

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Discretionary

Filing Status Changed: 09/17/2009

Explanation for Other Group Market Type:

State Status Changed: 09/17/2009

Deemer Date:

Created By: M. Jane Cooper

Submitted By: M. Jane Cooper

Corresponding Filing Tracking Number:

Filing Description:

Attached is the captioned form, which we are filing for review and approval. This form is new and is not intended to replace any forms previously submitted or approved.

This general-use reinstatement application is intended for use with persons requesting the reinstatement of lapsed life insurance coverage. This application is intended for use with policies under Union Fidelity Life Insurance Company (UFLIC) and with blocks of run-off business administered by UFLIC.

Please be aware that Union Fidelity Life Insurance Company ceased issuing life & health insurance in 2004. What

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business remains in force is limited in nature and in run-off status.

Bracketed information is to be considered variable. We will either include or exclude the variable information. We reserve the right to change fonts and layouts, but will not change the font size. The required notices (HIPAA, MIB, and Privacy) are submitted with and included in the reinstatement application, and will always be generated with the application.

We hope this form is acceptable and would appreciate being advised of any action at your earliest convenience.. Should you have any questions regarding this submission, please feel free to contact me at the e-mail address or telephone number below.

Sincerely,

Jane Cooper
Legal Analyst
Regulatory Filing & Compliance/Legal Division
Union Fidelity Life Insurance Company
1-888-926-8386 or Direct Line: 847-706-6803
jane.cooper2@ge.com

Company and Contact

Filing Contact Information

M Jane Cooper, Analyst Jane.Cooper2@ge.com
200 N. Martingale Rd. 847-706-6803 [Phone]
Schaumburg, IL 60173-2096 847-706-6841 [FAX]

Filing Company Information

(This filing was made by a third party - heritagecasualtytpf)

Union Fidelity Life Insurance Company CoCode: 62596 State of Domicile: Illinois
200 N. Martingale Rd Group Code: Company Type: Life and Health
Schaumburg, IL 60173-2096 Group Name: State ID Number:
(888) 926-8386 ext. [Phone] FEIN Number: 31-0252460

Filing Fees

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Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: IL charges \$50 per form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Union Fidelity Life Insurance Company	\$50.00	09/16/2009	30588398

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/17/2009	09/17/2009

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Disposition

Disposition Date: 09/17/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Reinstatement Application for Life Insurance		Yes

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Form Schedule

Lead Form Number: 100-638

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	100-638	Application/ Reinstatement Enrollment Application for Life Form Insurance	Initial		40.300	100-638.pdf

MEDICAL INFORMATION BUREAU NOTICE

Information regarding your insurability will be treated as confidential. Union Fidelity Life Insurance Company, or its reinsurers may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number (617) 426-3660.

Union Fidelity Life Insurance Company, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

PRIVACY NOTICE

Your privacy is protected . . .

Union Fidelity Life Insurance Company, like other insurance companies, sometimes evaluates the medical history and other personal information about applicants to determine their eligibility for certain policies. (Personal information includes information such as age, occupation, physical condition, health history, habits, general reputation, credit and avocations.) We also use this information for the administration of your insurance coverage after it is in force.

We will rely heavily on information provided by you. We may also supplement this information from other sources, such as medical professionals or institutions that have treated you or family members covered under your policy, insurance support organizations, other insurance companies to which you have applied, and employers.

Any information you give us regarding your insurability and any information received from other sources will be treated as strictly confidential. In some situations, and in compliance with applicable law, we may disclose necessary items of information to third parties, who may retain a copy and disclose the information to others for whom they perform such services, without your specific authorization. Unless you request otherwise, your name, address, date of birth and phone number may be used by us or our affiliates to inform you of other insurance products or services which are available. We may also disclose this information to: (1) an organization performing administrative, business or professional services for us; (2) other insurance companies to which you apply; (3) your physician or medical professional; and (4) a person or organization for market research as part of our continuing effort to provide the best possible insurance protection for you and your family.

You have the right to be told about, and to copy, if you wish, items of personal information, which appear in our files. You also have the right to seek correction of information you believe to be inaccurate.

THE ABOVE IS A GENERAL DESCRIPTION OF OUR INFORMATION PRACTICES. IF YOU WOULD LIKE A MORE DETAILED EXPLANATION OF THOSE PRACTICES AND THE CIRCUMSTANCES UNDER WHICH WE CAN MAKE DISCLOSURES WITHOUT YOUR AUTHORIZATION, PLEASE WRITE TO US AT UNION FIDELITY LIFE INSURANCE COMPANY; ADMINISTRATIVE OFFICE: 200 N. MARTINGALE ROAD, SCHAUMBURG, IL, 60173, AND WE WILL SEND FURTHER INFORMATION.

NIP-LAH-1

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Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Flesche Certification is attached

Attachment:

100-638 Readability Certification.pdf

Item Status:

Status

Date:

Bypassed - Item: Application

Bypass Reason: Application itself is being filed

Comments:

Union Fidelity Life Insurance Company

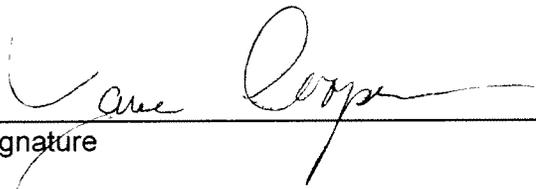
200 N. Martingale Road
Schaumburg, IL 60173

READABILITY CERTIFICATE

Name and Address of Insurer: Union Fidelity Insurance Company
200 North Martingale Road,
Schaumburg, Illinois 60173-2096

I hereby certify that Readability has been tested under the Flesch Readability formula set forth by Rudolph Flesch in his book, The Art of Readability Writing and that the form(s) meet your minimum readability requirements for the form(s) listed below:

<u>FORM NUMBER</u>	<u>DESCRIPTION</u>	<u>SCORE</u>
100-638	General Use Application for Life Insurance	40.3



Signature
Jane Cooper

Name
Legal Analyst

Title
September 16, 2009

Date